

The Privacy Act of 1974 requires that I obtain your direct authorization for my office to investigate and obtain records on your behalf. Please complete and return this privacy release form to the **Detroit** office at the address listed below.

Thank you for your cooperation.

To Whom it May Concern:

Senator Levin and his staff have my permission to receive and review any information contained in my file. When necessary, they are authorized to forward documents to appropriate agencies.

Please give a detailed description of your problem. Include all pertinent documents, dates, and addresses. If necessary, attach another sheet to this form:

Please Print Full Name: _____

Legal Signature: _____ Date: _____

Street Address: _____

City, State, ZIP: _____

Telephone Number: _____ Date of Birth: _____

Social Security: _____ Military Serial #: _____

VA Claim #: _____ Branch of Service: _____

Are you currently working with a service organization? If so, which one? (DAV, VFW, VVA, PVA, Marine Corps League, AMVETS, American Legion, JWV, CWV)

Have you contacted another congressional office regarding this issue? If yes, which one?

Return this completed form to: Senator Carl Levin
ATTN: Veterans Caseworker
477 Michigan Avenue, Suite 1860
Detroit, MI 48226